

What is critical is adequate Federal support and funding for the eradication and inspection effort. The USDA provided \$5 million for this effort at the outset and they are seeking an additional \$12.5 million through the Commodity Credit Corporation (CCC). The request has been pending with OMB for several weeks now and it needs to be approved.

Even if the funding is released, it may only carry operations through the end of the year. In the coming years, it may take several million dollars more to ensure the job is complete.

This was a relatively late breaking issue to be addressed in this appropriations bill, and I commend Chairwoman DELAURO for recognizing how serious it is and for including report language that calls on the USDA to secure all funds needed from the Commodity Credit Corporation to eradicate the light brown apple moth. In the Senate, \$1 million is included within the Animal and Plant Health Inspection Service (APHIS) specifically for this purpose.

As we move forward with this bill and subsequent legislation to deal with agriculture disasters, I look forward to working with the Chairwoman and my colleague, Mr. FARR, to build on what is already in the House and Senate bills in order to ensure that sufficient funding is provided and that it is made available in a timely fashion.

Ms. DELAURO. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

During consideration of the bill for amendment, the Chair may accord priority in recognition on the basis of whether the Member offering an amendment has caused it to be printed in the portion of the CONGRESSIONAL RECORD designated for that purpose. Those amendments will be considered read.

The Clerk will read.

The Clerk read as follows:

H.R. 3161

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2008, and for other purposes, namely:

TITLE I

AGRICULTURAL PROGRAMS

PRODUCTION, PROCESSING AND MARKETING

OFFICE OF THE SECRETARY

For necessary expenses of the Office of the Secretary of Agriculture, \$5,505,000: *Provided*, That not to exceed \$11,000 of this amount shall be available for official reception and representation expenses, not otherwise provided for, as determined by the Secretary.

□ 1600

Mr. SHIMKUS. Mr. Chairman, I move to strike the last word.

The CHAIRMAN. The gentleman from Illinois is recognized for 5 minutes.

Mr. SHIMKUS. Mr. Chairman, I start a period of time in which we're going

to take opportunity to talk about SCHIP.

I strike the last word to speak about the expansion legislation that was pulled from the Energy and Commerce Committee. Reportedly, it will be on the floor later this week, and I would like to highlight the damage it will do, if enacted. Specifically, I'd like to take this opportunity to speak about the very popular Medicare Advantage program.

In Illinois, there are 1,715,548 Medicare beneficiaries. Of these, 145,600, or 8 percent, have selected to receive their health care coverage through a Medicare Advantage plan. According to the Centers for Medicare and Medicaid Services, there are over 6,000 Medicare beneficiaries in my district that are currently enrolled in a Medicare Advantage program.

One of the most troubling things I have heard about the Democrats' bill is actually from Peter Orzag, who is the Director of the Congressional Budget Office. The Director said that under the Democrats' bill, Medicare Advantage enrollment would fall by approximately 8.2 million currently to 5.5 million in 2012, a reduction of 33 percent from current enrollment levels.

Medicare beneficiaries are among this Nation's most vulnerable citizens, and access to comprehensive high-quality affordable health care is imperative to their well-being. As we well know, the population of the United States over age 65 is growing rapidly. The average Medicare beneficiary is likely to have two or more chronic illnesses. Medicare beneficiaries should have choices for their health care coverage similar to those available to individuals under age 65. We should allow them to choose plans that best meet their unique health care needs and to help them coordinate their care, manage their illnesses, and reduce their out-of-pocket costs.

On average, beneficiaries that choose a Medicare Advantage plan in Illinois are receiving over \$60 in extra value each month from their plans. This extra value comes in the form of savings on cost sharing and out-of-pocket protections and on lower part D premiums, or additional benefits like coverage for vision and hearing. Beneficiaries in Medicare Advantage plans report better access to care, more usual sources of care, and more likelihood of seeking care when needed than beneficiaries in traditional fee-for-service operations.

CMS has recently reported that beneficiaries in fee-for-service with no additional sources of coverage have more difficulty getting care and are less likely to have usual source of care than Medicare Advantage enrollees.

All Medicare beneficiaries have access to a Medicare Advantage plan that does not require cost sharing for screenings for breast cancer, cervical cancer and prostate cancer. Recently, CMS has reported that Medicare Advantage enrollees are more likely to

receive preventative services, such as immunizations, mammography, and screenings for colorectal and prostate cancers.

Critics have implied that the Medicare Advantage program is contributing to the solvency problems facing the Medicare trust fund. However, these critics fail to recognize the extra value that Medicare Advantage plans provide that address the real drivers in increasing program costs. Medicare Advantage plans help control the volume and intensity of services used by beneficiaries in Medicare part A and part D by coordinating care, improving health outcomes, and monitoring enrollee usage.

Medicare Advantage generates savings in the part D program by helping to drive down the average premium paid by the government and beneficiaries, and by reducing Federal expenditures for beneficiaries eligible for low-income subsidies.

Critics have further distorted the facts by offering information that claims to suggest a "fairness gap" between Medicare Advantage payments and the other providers. In fact, Medicare Advantage payment rates increase in direct proportion to the Federal Government's estimates of increases in per capita costs in the fee-for-service program.

Some critics suggest that legislators must choose between providing comprehensive health coverage options to Illinois seniors through the Medicare Advantage program or providing coverage to Illinois uninsured children through SCHIP. Both programs play a crucial role in serving vulnerable populations. We should focus on devoting adequate resources to both SCHIP and Medicare Advantage, while working to maintain and strengthen all components of our Nation's health care safety net.

Mr. Chairman, I yield back the balance of my time.

AMENDMENT NO. 3 OFFERED BY MR. GINGREY

Mr. GINGREY. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Mr. GINGREY: Page 2, line 9, after the dollar amount, insert "(reduced by \$50,050)".

Mr. GINGREY. Mr. Chairman, this amendment reduces the necessary expenses of the Office of the Secretary of Agriculture by \$50,050, a simple 1 percent; a 1 percent reduction in the expenses of the Office of the Secretary of Agriculture.

Mr. Chairman, the amendment is not aimed necessarily at the Office of the Secretary of Agriculture, but it aims to make a simple 1 percent reduction in order to shrink the Federal deficit. Why is that necessary? Well, we should be paying for increased spending by reducing other Federal spending, that's the 1 percent I'm calling for, rather than raising taxes or putting the burden on our Medicare seniors, as we do